PLEASE PRINT

STATE OF NEW HAMPSHIRE

RECEIVED

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

OCT 18 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Melissia	Petro		
II. Name of lobbyist's partnersbip, firm or corporation, if any:			
N/A			
	p, firm or corporation)		
80 Patton Drive	Cheshire	СТ	06410
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(203) 461-0823	_ ()	e-mail melissia.petro	@pharma.com
(Telephone)	(Fax)		
III. This statement covers: (Choose			y file a separate rep
reportable expense transactions w	hich are not attributable to an	y one client).	
All reportable transactions occu	cring in the months prior to the re	eporting date relative to the	following client:
Purdue Pharma LP			
	f Client as it appears on the Lobbyis	t Registration Form)	
<u>OR</u>		,	
☐ All reportable transactions by the	lobbyist (including the lobbyist	's family), or the lobbying	firm listed below wh
unrelated to any particular client.			
IV. Date of Report April 26, 2	017 📑	July 26, 2017	
-		tivity from 4/1/17 to 6/30/17	
October 25	, 2017	January 31, 2018 🗌	
activity from 7.	/1/17 to 9/30/17 ac	ctivity from 10/1/17 to 12/31/	17
V. There have been no fees rec If this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports ar	e attached:		
-	de expenditures, you must file A	ddendum A- Fees and Ex	penses
· ·	or reimbursed expenses, you mu	ast file Addendum B – Rep	ort of Honorariums o
☐ If you, your firm, or your family	has made political contributions	s, you must file Addendur	n C- Political Contri
☐ If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, you mu	ast file Addendum B – Rep	ort of Honorariur
Sworn Statement/Affirmation by I I have read RSA 15, RSA 15-B, RS		swear or affirm that the fo	oregoing informatio
and complete to the best of my know			_
monthe		10/12/17	
(Signature of lobby st)		$\frac{10/13/7}{\text{(Date)}}$:)
Melissia Petro			
(Print Name of lobbyist)			